



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER CR No. 10-10414-WGY	
DEFENDANT <b>KEVIN B. KELLY</b>		TYPE OF PROCESS <b>PRELIMINARY ORDER OF FORFEITURE</b>	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc.. to Serve or Description of Property to Seize  Kevin B. Kelly		
	Address (Street or RFD / Apt. # / City, State, and Zip Code)  320 Grants Way, Four Oaks, NC 27524		
Send NOTICE OF SERVICE copy to Requester:  VERONICA M. LEI, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested.  JRL x3280			
Signature of Attorney or other Originator requesting service on behalf of  		[ X ] Plaintiff [ ] Defendant	Telephone No.  (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date  April 4, 2011	
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:  
I hereby Certify and Return That I [ ] PERSONALLY SERVED, [ ] HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[ ] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[ ] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service  04-11-2011	Time of Service [ ] AM [ ] PM
Signature, Title and Treasury Agency  FPDF OFFICER - DHS - CBA			
REMARKS:			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT    ☐ FOR CASE FILE    ☐ LEAVE AT PLACE OF SERVICE

☐ FILE COPY

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kerin B. Kelly  
320 Grants way  
Four Oaks, NC 27524

2. Article  
(Trans)

PS Form

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Kerin B. Kelly*☐ Agent☐ Addressee

B. Received by (Printed Name)

Kerin B. Kelly

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3800, August 2005	
See Reverse for Instructions	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
OFFICIAL USE	
For delivery information visit our website at www.usps.com	
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	

595-02-M-154